



# Sharing the Cost of Services

This publication prepared by the  
Missouri Department of Mental Health  
Office of Public Affairs

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GOVERNOR  
  
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**MENTAL HEALTH COMMISSION**  
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STATE OF MISSOURI  
**DEPARTMENT OF MENTAL HEALTH**

1706 EAST ELM STREET  
P.O. BOX 687  
JEFFERSON CITY, MISSOURI 65102  
(573) 751-4122  
(573) 526-1201 TTY  
[www.dmh.mo.gov](http://www.dmh.mo.gov)

July 2006

Dear Consumers of Department Services:

Each year the Department of Mental Health provides services for more than 100,000 Missourians and their families. Through its state-operated facilities and contract programs, the department assists persons with mental illnesses, developmental disabilities, and alcohol or drug abuse problems. It also provides services to persons who are compulsive gamblers.

This pamphlet is intended to explain how the department charges its clients for services. Unanswered questions should be addressed to the reimbursement administrator in the department's Office of Administration. The telephone number is 573-751-3398.

Sincerely,

Ron Dittmore  
Interim Director

<b>(E) Is Any Other Member Of Your Household Receiving Services Through (By) DMH?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If two or more members of a household receive services in the same month, the Provider shall charge no more than the amounts determined for one recipient.</small>									
<b>(F) Does Someone Else Receive Client's Government Check?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No									
Name:			Street Address:						
City:			State/Zip:				Ph.:		
<b>(G) Name of Parents or Spouse, If Applicable</b>									
FIRST	NAMES M.I.	LAST	RELATIONSHIP TO CLIENT	DATE OF BIRTH	DATE OF DEATH	SOCIAL SECURITY NO.	VETERAN?		
							YES	NO	
Sections H through J is to be omitted if client is not long term.									
<b>(H) Does Client And/Or Client's Spouse Have Personal Property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No									
DESCRIPTION	YES	NO	IN WHOSE NAME		LOCATION		VALUE		
Bonds									
Business Equipment									
Cash									
Checking Account									
Farm Equipment									
Farm Grain and Produce									
Farm Livestock									
Farm Machinery									
Loans (Not Secured)									
Mobile Home									
Mortgages Owed To You									
Notes Owed To You									
Claims in Probate Court									
Savings Account									
Stock									
Time Certificates									
Trust Funds									
Other:									
<b>(I) Does Client And/Or Client's Spouse Own Real Property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No									
DESCRIPTION AND LOCATION OF REAL PROPERTY		WHOSE NAME IS ON THE DEED?		WHO HOLDS THE MORTGAGE?		CURRENT VALUE		AMOUNT OWED?	
<b>(J) Does Client Have Life Insurance And/Or A Prepaid Burial Plan?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No									
NAME OF COMPANY			TYPE	POLICY NO.	FACE VALUE	PREMIUM	HOW OFTEN PAID?		
			Burial						
			Life						
<b>(K) Remarks</b>									
<b>(L) Certification</b>									
I hereby certify that I have not knowingly withheld any information on income or other financial resources and the amounts I have disclosed are true and correct to the best of my knowledge.									
SIGNATURE									
RELATIONSHIP TO CLIENT						DATE			
SIGNATURE OF INTERVIEWER						DATE			

MO 650-9216 (12-93)



STATE OF MISSOURI  
DEPARTMENT OF MENTAL HEALTH  
**STANDARD MEANS TEST FINANCIAL QUESTIONNAIRE**

FACILITY		DATE		CLIENT'S DOB		CLIENT'S SOCIAL SECURITY NUMBER			
CLIENT'S LAST NAME				FIRST	M.I.	CASE NUMBER	DATE ADMITTED		
MEDICAID NUMBER		IF SCHOOL-AGED, NAME OF DOMICILE SCHOOL DISTRICT		NO. IN HOUSEHOLD		IF VETERAN, DATES OF SERVICE			
BRANCH OF SERVICE		SERVICE NUMBER		PREVIOUS ADDRESS (IF CHANGED IN LAST 6 MONTHS)					
NAME OF PERSON TO BE BILLED		STREET ADDRESS		CITY-STATE-ZIP		PHONE			
(A) Does Client Have Health Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>									
POLICYHOLDER		NAME AND ADDRESS OF HEALTH INSURANCE COMPANY				POLICY/GROUP NUMBER			
		Name: _____ Ph. _____							
		Address: _____							
		Name: _____ Ph. _____							
		Address: _____							
(B) Is Client And/Or Financially Responsible Person of Client Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>									
NAME OF PERSON EMPLOYED		NAME AND ADDRESS OF EMPLOYER							
		Name: _____ Ph. _____							
		Address: _____							
		Name: _____ Ph. _____							
		Address: _____							
(C) Income									
LINE NO.	SOURCES OF INCOME	INCOME OF CLIENT				INCOME OF SPOUSE OR PARENT(S)			
		YES	NO	AMOUNT	PAY PERIOD	YES	NO	AMOUNT	PAY PERIOD
1	Armed Forces Allotment								
2	Boarders/Lodgers (Taxable Income)				Month				Month
3	Bonuses								
4	Child Support								
5	Civil Service Retirement								
6	Dividends And Interest				Month				Month
7	Maintenance (Alimony)				Month				Month
8	Military Retirement				Month				Month
9	Pensions (Company and Union)								
10	Railroad Retirement				Month				Month
11	Rents (Taxable Income)								
12	Salary or Wages (Gross)								
13	Self-Employment (Taxable Income)								
14	Social Security				Month				Month
15	S.S.I.				Month				Month
16	Tips and Gratuities								
17	Unemployment Compensation				Week				Week
18	Veterans Benefits				Month				Month
19	Workers Compensation				2 Weeks				2 Weeks
20	Other								
(D) Income Conversion (For Department of Mental Health Use Only)									
LINE NO. SECT. (C)	AMOUNT	PAY PERIOD	MULTIPLIER X	MONTHLY INCOME	LINE NO. SECT. (C)	AMOUNT	PAY PERIOD	MULTIPLIER X	MONTHLY INCOME
Less: Extraordinary Medical Expenses					Less: Extraordinary Medical Expenses				
Total Monthly Income					Total Monthly Income				
Rate Per Month From Standard Means Test Table \$					Rate Per Month From Standard Means Test Table \$				

MO 650-0216 (12-93)

DMH-69 (12-93)

## Service costs shared by many \_\_\_\_\_

Caring for and treating people with mental illnesses, developmental disabilities, and those with substance abuse problems is expensive. In Missouri, such care can cost hundreds of dollars per day. Many families cannot bear the cost for this care and treatment alone. The Missouri Department of Mental Health is there to help.

Through its many programs, the Missouri Department of Mental Health provides assistance to thousands of persons. Many resources must be tapped to help recover costs incurred. The department, however, makes every effort to provide quality services to its clients while keeping costs as low as possible.

For example, third-party benefits are applied to offset costs first. Those benefits can come from private or public health insurance policies, or from Medicare or Medicaid.

If those payments are insufficient, a client or his family is asked to contribute a portion of the costs based on the family's ability to pay for care given to a client. Those charges are determined using a table that considers family size and income.

The table is administered by each individual facility. It is applied uniformly throughout the state and is reviewed annually.

Other assets are collected when the client is without spouse or dependents and determined to need full-time, long-term (inpatient or placement) care. In such cases, a client's earned and unearned income can be applied to costs. Unearned income, including benefits from disability, survivor's retirement, or pension plans, is used first. Examples

of unearned income include payments by the Social Security Administration, the Veterans Administration, the Railroad Retirement Board, the Civil Service Commission and the Division of Family Services. Earned income from wages and salaries is charged if unearned income fails to cover costs.

However, a client is permitted to keep some income for personal spending. The amount, \$30 a month or more, is determined by the team of professionals planning for a client's care.

Missouri law requires the Department of Mental Health to charge for the services it provides and to take certain steps to recover its costs. The charges to a client or his family, however, are kept to a minimum so services are affordable to all. Missouri law also requires the state to recover costs from a deceased client's estate. By sharing the costs with a client or his family, the department is able to offer better care. And caring is what the Department of Mental Health is all about.



STATE OF MISSOURI  
DEPARTMENT OF MENTAL HEALTH  
**NOTICE OF COST**

The charges and cost for \_\_\_\_\_, Case No. \_\_\_\_\_, a client of \_\_\_\_\_, receiving care and treatment at \_\_\_\_\_ have been determined to be:

\$ \_\_\_\_\_ per month for care and/or treatment effective \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ . The actual cost per month varies according to the services provided.

**OR** \$ \_\_\_\_\_ per month for treatment effective \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ .  
The actual cost per month is \$ \_\_\_\_\_ .

**Client or Responsible Party is required to provide insurance information.**

**Failure to release this information will result in the charges to be assessed at actual cost.**

**Insurance companies will be billed the actual cost of the service(s) provided.**

*The charges were determined by application of the STANDARD MEANS TEST (Section 630.210, RSMo. and 9 CSR 10-31.011). The cost is the Department of Mental Health's actual cost of providing the services or its contract cost for purchasing the service. The department's cost is recomputed annually. The charge is redetermined annually or at any time it is known that changes have occurred in the financial ability of the client (or the person responsible for the client) to pay.*

*The difference between the cost of care and treatment and the amounts received in payment may be a claim upon the client's estate at death by the Department of Mental Health (Section 473.398, RSMo.).*

**If you have questions about the cost of care or the amount being charged, contact the facility issuing this notice.**

SIGNATURE OF CLIENT OR FINANCIALLY RESPONSIBLE PERSON  X	WITNESS	DATE
<b>OR</b> The client or financially responsible person refused to sign this notice in my presence:	WITNESS	DATE
<b>OR</b> This notice was sent by mail on	DATE	SIGNATURE

MO 650-0215 (12-93)

DISTRIBUTION: WHITE - CLIENT FILE CANARY - CLIENT

DMH-6004 (Rev. 12-99)

**For information on community programs that serve individuals who misuse or are addicted to alcohol or other drugs and their families:**

Western Missouri  
Mental Health Center  
2600 E. 12<sup>nd</sup> St.  
Kansas City, MO 64127  
V (816) 482-5770  
FAX (816) 482-5774  
TTY (816) 482-5770

Department of Mental Health  
1706 E. Elm St.  
Jefferson City, MO 65101  
V (573) 751-8090  
FAX (573) 751-7814  
TTY (573) 751-4942

St. Louis Psychiatric  
Rehabilitation Center  
Dome Building  
5400 Arsenal  
Mail Stop A-419, 4th Floor  
St. Louis, MO 63112  
V (314) 877-0370  
FAX (314) 877-0392  
TTY (314) 644-8336

The Jefferson City address of the Department of Mental Health Central Office is:

Department of Mental Health  
1706 E. Elm St.  
P.O. Box 687  
Jefferson City, MO 65102  
V (573) 751-4122  
FAX (573) 751-8224  
TTY (573) 751-2881  
<http://www.dmh.mo.gov>

*The Department of Mental Health does not deny employment or services because of race, sex, creed, marital status, national origin, disability, or age of applicants or employees.*

Examples of forms used in the application of the Standard Means Test can be found on the following pages. They are:

*Notice of Cost and Standard Means Test Financial Questionnaire.*

## Questions and answers about service charges

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- Q. The costs for providing health care seem so expensive. What is included in the costs to the department?*
- A. The department provides a wide variety of services, which are indeed expensive. Major expenses include room and board, nursing care, medical expenses, day treatment, family support services, and case management.
- Q. Can charges to me exceed costs of the services provided?*
- A. No. The Department of Mental Health is required by law to determine charges and redetermine them each year. When private sources are employed to provide services, costs are set through contracts. Your charges are never allowed to exceed costs of the services provided.
- Q. My child is over age 18. Am I liable for charges of services to him/her?*
- A. No. Parents are not liable from their incomes for the charges for services to their children ages 18 or older. Monies received by parents for their children in a fiduciary capacity are, however, subject to charges.
- Q. My school-age child needs special education. Can I be charged for it?*
- A. No. A parent of a recipient ages 3 through 18 is not liable for costs of education or special education. You may, however, be charged for certain medical expenses, including medical supplies, chiropody medication, anesthesiology, oxygen therapy, radiology, electrocardiology, and electroencephalography. In addition, operating room, laboratory, dental, and physician's expenses are also chargeable. Parents are also asked to provide personal spending money.

Q. *What items are considered personal expenses?*

A. Clients' personal spending needs vary widely. A family may be asked to provide money for cigarettes, candy, or soft drinks. Other items, such as clothes, jewelry, games, and some toiletries are also the family's responsibility.

Q. *If two members of my family received services in the same month, must I pay double?*

A. No. Your monthly ability to pay is the same amount regardless of how many visits you receive in that month. It is the same for any number of family members being seen. It is the responsibility of the client or family to notify the provider if two or more members receive services in the same month.

Q. *Am I required to provide documents to verify my income, assets, and dependents?*

A. Yes. A client or his family must divulge financial resources, using such documents as pay stubs, the most recently filed tax return, employer verification of income, etc. If you fail to provide the documents, you become responsible for all costs.

Q. *What if I fail to comply with requests for insurance information, assigning benefits, or applying for benefits (i.e. Medicaid, Social Security, VA benefits)?*

A. You will be charged the full cost of services with no regard to income and size of family.

Q. *My financial status changed after I submitted my income documentation and I make less money now. Must I continue to pay the same amount?*

A. Not necessarily. If your financial situation changes, you should submit new information and request a review of your financial status. Charges to you would be adjusted, if appropriate.

**State regional centers serving persons with mental retardation and other developmental disabilities and their families:**

Albany Regional Center  
809 N. 13th St.  
Albany, MO 64402  
V (660) 726-5246  
FAX (660) 726-5165  
TTY (660) 726-5844

Central Missouri Regional Center  
1500 Vandiver Dr., Suite 100  
Columbia, MO 65202  
V (573) 882-9835  
FAX (573) 884-4294  
TTY (573) 882-9835

Hannibal Regional Center  
805 Clinic Rd., PO Box 1108  
Hannibal, MO 63401  
V (573) 248-2400  
FAX (573) 248-2408  
TTY (573) 248-2415

Joplin Regional Center  
3600 E. Newman Rd., PO Box 1209  
Joplin, MO 64802  
V (417) 629-3020  
FAX (417) 629-3026  
TTY (417) 629-3020

Kansas City Regional Center  
821 E. Admiral Blvd.  
PO Box 412557  
Kansas City, MO 64106  
V (816) 889-3400  
FAX (816) 889-3325  
TTY (816) 889-3326

Kirkville Regional Center  
1702 E. LaHarpe  
Kirkville, MO 63501  
V (660) 785-2500  
FAX (660) 785-2520  
TTY (660) 785-2500

Poplar Bluff Regional Center  
2351 Kanell Blvd.  
Poplar Bluff, MO 63902  
V (573) 840-9300  
FAX (573) 840-9311  
TTY (573) 840-9312

Rolla Regional Center  
105 Fairgrounds Rd.,  
PO Box 1098  
Rolla, MO 65402  
V (573) 368-2200  
FAX (573) 368-2206  
TTY (573) 368-2200

St. Louis Regional Center, North  
211 North Lindbergh  
St. Louis, MO 63141  
V (314) 340-6500  
FAX (314) 340-6666  
TTY (314) 340-6659

St. Louis Regional Center, South  
111 N 7th St., 6th Floor  
St. Louis, MO 63101  
V (314) 244-8800  
FAX (314) 244-8804  
TTY (314) 244-8805

Sikeston Regional Center  
112 Plaza Dr., PO Box 966  
Sikeston, MO 63801  
V (573) 472-5300  
FAX (573) 472-5308  
TTY (573) 472-5391

Springfield Regional Center  
1515 East Pythian, PO Box 5030  
Springfield, MO 65801-5030  
V (417) 895-7400  
FAX (417) 895-7412  
TTY (417) 895-7430



Metropolitan St. Louis  
Psychiatric Center  
5351 Delmar  
St. Louis, MO 63112  
V (314) 877-0500  
FAX (314) 877-0553  
TTY (314) 877-0775

Missouri Sexual Offender  
Treatment Center  
1016 West Columbia  
Farmington, MO 63640  
V (573) 218-7045  
FAX (573) 218-7053

Cottonwood Residential  
Treatment Center  
1025 North Sprigg St.  
Cape Girardeau, MO 63701  
V (573) 290-5888  
FAX (573) 290-5895  
TTY (573) 290-5243

**State residential facilities serving persons with mental retardation  
and other developmental disabilities and their families:**

Bellefontaine Habilitation Center  
10695 Bellefontaine Rd.  
St. Louis, MO 63137  
V (314) 340-6000  
FAX (314) 340-6199  
TTY (314) 340-6290

Nevada Habilitation Center  
2323 North Ash  
Nevada, MO 64772  
V (417) 667-7833  
FAX (417) 448-1138  
TTY (417) 448-1302

Higginsville Habilitation Center  
Morris Dr., PO Box 517  
Higginsville, MO 64037  
V (660) 584-2142  
FAX (660) 584-6244  
TTY (660) 584-3935

St. Louis Developmental  
Disabilities Treatment Centers  
211 N. Lindbergh  
St. Louis, MO 63141  
V (314) 340-6702  
FAX (314) 340-6724  
TT (314) 340-6659

Marshall Habilitation Center  
Slater St., PO Box 190  
Marshall, MO 65340  
V (660) 886-2201  
FAX (660) 831-3071  
TTY (660) 886-6929

Southeast Missouri  
Residential Services  
2351 Kanell Blvd.  
Poplar Bluff, MO 63902  
V (573) 840-9370  
FAX (573) 840-9373  
TTY (573) 840-9312

*Q. When are my bills due?*

A. Bills for each month's services are mailed the following month. They are payable upon receipt.

*Q. What can I do if I believe my charges are unfair?*

A. You may appeal your charges only if you believe your assessment was inaccurately calculated. An appeal to the director cannot be made because you disagree with your share of the payment. It must be based on what you believe is an inaccurate calculation of allowable exemptions under Standard Means Test rules.

*Q. What if I fail to pay the costs assigned to me through the Standard Means Test procedure?*

A. The state will pursue other means to receive payment; for example, the Income Tax Intercept Program and any other means allowable under state and federal law.

*Q. I can't afford to pay for the care my family member needs. Can we be turned away?*

A. No. The department has never refused to provide services to someone unable to pay. However, if the department finds you can pay and won't, the department reserves the right to refrain from providing services.

*Q. What if I am covered by insurance and the Department of Mental Health is not an approved provider?*

A. You must go to an approved provider or pay the full cost of services.

*Q. Where can I get further information?*

A. Contact the administrator at your local facility.



## Admission checklist

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You should provide the following information when requesting services for individuals from a Department of Mental Health facility.

Insurance company  
name and address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Insurance policy or  
group number \_\_\_\_\_

Medicare number \_\_\_\_\_

Medicaid number \_\_\_\_\_

Proof of Income \_\_\_\_\_

Proof of Dependents \_\_\_\_\_

Social Security number of client,  
spouse, or parents of a minor child \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

## To receive information on the Standard Means Test, contact any of the following: Department of Mental Health Facilities

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### State facilities serving persons with mental illnesses and mental disorders and their families:

St. Louis Psychiatric  
Rehabilitation Center  
5300 Arsenal  
St. Louis, MO 63139  
V (314) 877-6500  
FAX (314) 877-5982  
TTY (314) 877-6503

Hawthorn Children's  
Psychiatric Hospital  
1901 Pennsylvania  
St. Louis, MO 63133  
V (314) 512-7800  
FAX (314) 512-7812  
TTY (314) 512-7593

Fulton State Hospital  
600 E. 5<sup>th</sup> St.  
Fulton, MO 65251-1798  
V (573) 592-4100  
FAX (573) 592-3000  
TTY (573) 592-3498

Northwest Missouri Psychiatric  
Rehabilitation Center  
3505 Frederick  
St. Joseph, MO 64506  
V (816) 387-2300  
FAX (816) 387-2329  
TTY (816) 387-2595

Southeast Missouri  
Mental Health Center  
1010 West Columbia  
Farmington, MO 63640  
V (573) 218-6792  
FAX (573) 218-6703  
TTY (573) 218-7018

Southwest Missouri Psychiatric  
Rehabilitation Center  
1301 Industrial Parkway East  
El Dorado Springs, MO 64744  
V (417) 876-1002  
FAX (417) 876-1004  
TTY (417) 876-2604

Mid-Missouri Mental Health Center  
3 Hospital Dr.  
Columbia, MO 65201  
V (573) 884-1300  
FAX (573) 884-1010  
TTY (573) 884-1213

Western Missouri  
Mental Health Center  
1000 East 24th St.  
Kansas City, MO 64108  
V (816) 512-7000  
FAX (816) 512-7509  
TTY (800) 955-8339